## Town of Colchester Cragin Memorial Library

Phone: 860-537-5752

Email: aturner@colchesterct.gov

Hours: Mon, Wed, & Thu 10 am to 8 pm ~ Tue 10 am to 5 pm ~ Fri & Sat 10 am to 4 pm

## **Meeting Room Application - 2022 Calendar Year**

Complete and return application in person or by e-mail. Your submitted application is not a reservation until you receive confirmation from the Library's meeting room coordinator. Generally, specific room requests will be honored but may be changed in order to accommodate as many groups as possible. Please read the Meeting Room Policy and remember to take any garbage and/or paper goods with you at the end of your program. Please return tables and chairs to their original setup before leaving.

Date of Request:			
Date(s) room needed:			
Time room needed: From:	To:	Number Attending	g:
Specific room desired:	Norton A (60 seats)		
	Zagray Room (12 seats)	Local History (2 seats)	
Name of organization:			
Address of organization: _			
Phone:	Fax:	Email:	
Contact Name:			
Purpose of Meeting:			
<b>Equipment Requested</b> (plea 6-ft TablesChairs	ase circle): PodiumWhiteboard	l/BlackboardPortable M	lovie Screen
Norton A only:LCD P	rojector (No Macs)DVD	O/CD Player	
Room Set-Up Requested: (Room set up is limited by staff av set-up.)	ailability and is not guaranteed. Ple	ase arrive 15 minutes in advance to	ensure proper roon
	are not allowed in the library		
When signed by an authorize the regulations in the Cragin	icer or representative:ed officer or representative, this Memorial Library meeting roto all. All contact informatio	is application signifies agreen om policy. <i>Meetings held at t</i>	
Approved by:	for Cragin	Memorial Library Date:	•